ISSUE SLIP STAPLY. A A Communication of the support **POSITION INITIALS** ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS**Rejected Non-elected Allowed Interference (Through numeral) Canceled Appeal Restricted O Objected Claim Date Claim Final Original Original 14 18 34 30 35 31

> If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)